

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1078199

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name: Tailwater, Inc.	Spot Description:
Address 1: 6421 AVONDALE DR STE 212	NW_SW_SW_NW Sec. 15 Twp. 20 S. R. 20 ✓ East West
Address 2:	2145 Feet from North / South Line of Section
City: OKLAHOMA CITY State: OK Zip: 73116 + 6428	165 Feet from East / West Line of Section
Contact Person: Chris Martin	Footages Calculated from Nearest Outside Section Corner:
Phone: (405) 810-0900	□NE ☑NW □SE □SW
CONTRACTOR: License # 8509	County: Anderson
Name: Evans Energy Development, Inc.	Lease Name: SOBBA Well #: 7-T
Wellsite Geologist: n/a	Field Name: Garnett Shoestring
Purchaser: Pacer Energy	Producing Formation: Bartlesville
Designate Type of Completion:	Elevation: Ground: 980 Kelly Bushing: 0
✓ New Well Re-Entry Workover	Total Depth: 780 Plug Back Total Depth: 0
☑ oil ☐ wsw ☐ swd ☐ slow	Amount of Surface Pipe Set and Cemented at: 22 Feet
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Multiple Stage Cementing Collar Used? ☐ Yes ✓ No
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from: 776
Cathodic Other (Core, Expl., etc.):	
If Workover/Re-entry: Old Well Info as follows:	feet depth to: 0 w/ 110 sx cmt.
Operator:	
Well Name:	Drilling Fluid Management Plan
Original Comp. Date: Original Total Depth:	(Data must be collected from the Reserve Pit)
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: 0 ppm Fluid volume: 0 bbls
Conv. to GSW	Dewatering method used: Evaporated
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	
Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec. Twp. S. R. East West
GSW Permit #:	County: Permit #:
03/05/2012 03/06/2012 04/17/2012	
Spud Date or Date Reached TD Completion Date or Recompletion Date	

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY
Letter of Confidentiality Received
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I I III Approved by: Deanna Garrisor Date: 04/30/2012

Side Two



Operator Name: Ta	ilwate	r, Inc.			Lease	Name:	SOBBA		Well #:7-	Т	
Sec. 15 Twp.20 S. R. 20						County: Anderson					
INSTRUCTIONS: S time tool open and c recovery, and flow ra line Logs surveyed.	tes if ga	is to surface te	t-in presi st, along	sures, wnetner with final chart	shut-in pres	sure rea	ached static level	hydrostatic	pressures hottom	hala tam	poroturo fluid
Drill Stem Tests Take				Yes 🗸 No		V I	_og Formatio	on (Top), Dep	oth and Datum		Sample
Samples Sent to Ge	ological	Survey	Д,	Yes ✓ No			ne	Тор		Datum	
Cores Taken Electric Log Run		·		/es ☑ No /es ☐ No		508 535			lime lime	o	ase of the KC il show een, good bleeding
(If no, Submit Cop		ronically	<u>(</u>)	∕es ∏No		564 719			oil sand oil sand	oil sand	
List All E. Logs Run:						722			broken sand		own, good bleeding
Gamma Ray/Neutr	on					732			sand		ack, no oil show
			Rep		RECORD conductor, su	✓ Nurface, int	ew Used ermediate, product	ion, etc.			
Purpose of String		Size Hole Drilled		ze Casing et (In O.D.)	Weig Lbs.		Setting Depth	Type of Cemen			and Percent
surface	9.8	750	7		17		22	Portland	5		
completion	5.6	250	2.8750	 -	6.45		776	Portland	110	50/50 POZ	
Purpose:		Depth	T				JEEZE RECORD				
Perforate Top Bottom Protect Casing Plug Back TD				e of Cement	# Sacks Used		Type and Percent Additives				
Plug Off Zone						.,					
Shots Per Foot		PERFORATIO Specify Fo	N RECOR	RD - Bridge Plug Each Interval Per	s Set/Type forated		Acid, Frac	cture, Shot, Ce	ment Squeeze Record	đ	Depth
2 713-723						75 gal. 15% HCL acid			72		723
							40 sx sand; 135 bbls H2O				
											
TUBING RECORD: 2	Size 8750		Set At: 776		Packer At:	:	Liner Run:	Yes ✓] No		
Date of First, Resumed 04/17/2012	Production	on, SWD or ENH	R.	Producing Meth Flowing	od: V Pumping		Gas Lift 🔲 O	ther (Explain) _			
Estimated Production Oil Bbls. Per 24 Hours 10			ols.	Gas	Mcf	Wate	ter Bbis.		Gas-Oil Ratio Gravity		Gravity
DISPOSITIO	U	sed on Lease		pen Hole 🗸		COMPLE Dually (Submit A	Comp. Com	mingled	PRODUCTIO	N INTER\	AL:
1		/		other (Specify)							



LOCATION D+1 and Maker

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CUSTOMER CUSTOMER CUSTOMER MAILING ADDRESS 642 Avantage MAILING ADDRESS 642 Avantage CITY MAILING ADDRESS 642 Avantage CITY MAILING ADDRESS 643 Avantage CITY MAILING ADDRESS 643 Avantage CITY MAILING ADDRESS 643 Avantage CITY MAILING ADDRESS 644 Avantage CITY MAILING ADDRESS CEMENT LEFT IN CASING LASS CEMENT LEFT LASS	620-431-9210 d	or 800-467-8676			CEMEN				
CUSTOMER TRUCK# DRIVER TRUCK# DRIV MALLING ADDRESS 6421 Avondale STATE STATE OK 73/16 JOB TYPE LORG (547 M) OK 73/16	DATE	CUSTOMER#	WELL N	IAME & NUMB	ER		i		COUNTY
TRUCK# DRIVER TRUCK# DRIVER STATE	316 12 CUSTOMER	7806	Sobby	7	7		1 20	20	SU
CITY OH ahoma C: TY OK 73 III JOB TYPE long (String HOLE SIZE 5) B HOLE DEPTH 780 CASING SIZE & WEIGHT 2/8 CASING DEPTH 776 DRILL PIPE TUBING DISPLACEMENT 4.5 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 6 pm REMARKS: B beld clay mad, Established rate, Mixaa t Oumped 100 t gel followed by 110 gK 50150 cem plu 1290 cel. Circulated Cement Flyshed pump, Pumped x To Casias TD. Well held 800 KSI. Set Ploat, Close UCLUL. Evans Taxis DESCRIPTION of SERVICES or PRODUCT UNIT PRICE TOT CODE STOL 25 MILEAGE 100 5702 72 Mixa taa miles 1124 110 SK 50150 cem 1188 285 t 5el 100 1188 285 t 5el 100 100 100 100 100 100 100 1	Tailu	vater			,	TRUCK#	DRIVER	TRUCK#	DRIVER
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l acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form